

**Department of Homeland Security, Federal Emergency Management Agency  
FY02 PreDisaster Mitigation Grant Program - Application for Assistance**

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**Applicant:** San Bernardino County  
*County*

**Contact Information:**

1743 W. Miro Way  
*Authorized Agent Mailing Address*

Denise Benson, Division Manager  
*Name/Title*

Rialto CA, 92376  
*City, State, Zip Code*

909-356-3998  
*Area Code/Office Telephone Number*  
[dbenson@fire.sbcounty.gov](mailto:dbenson@fire.sbcounty.gov)  
*E-Mail Address*

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Maximum Amount Authorized-Total Grant	<u>\$33,333.33</u>
Federal Share (max 75%)	<u>\$25,000.00</u>
Non-Federal Match	<u>\$8,333.33</u>
Total Amount Requested	<u>\$33,333.33</u>

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**Certification and Signature or Authorized Agent**

*I hereby certify that the attached application represents the community's consensus on 2002 PreDisaster Mitigation Grant needs.*

\_\_\_\_\_  
*Signature of Authorized Agent*

Denise Benson  
*Printed Name*

Division Manager  
*Title*

\_\_\_\_\_  
*Date*

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***For OHS use ONLY***

Application reviewed/Grant award approved by: \_\_\_\_\_  
Name Date

Grant Performance Period: \_\_\_\_\_

OES ID # \_\_\_\_\_ Catalog of Federal Domestic Assistance #83.557 Award # \_\_\_\_\_